

PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

FSP0012

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))	10	minus 20 = * 0	x \$9 = 0		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x \$42 = 0		OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ =		OR	+ =	
			TOTAL	0	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY RATE	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
Total (37 CFR 1.16(c))	* 10	Minus ** 10	= 0	x \$9 = 0		OR	x \$ =	
Independent (37 CFR 1.16(b))	* 4	Minus *** 3	= 1	x \$42 = 42		OR	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =		OR	+ =	
				TOTAL ADDIT. FEE	42	OR	TOTAL ADDIT. FEE	
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY RATE	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
Total (37 CFR 1.16(c))	*	Minus **	=	x \$ =		OR	x \$ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	x \$ =		OR	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =		OR	+ =	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY RATE	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
Total (37 CFR 1.16(c))	*	Minus **	=	x \$ =		OR	x \$ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	x \$ =		OR	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =		OR	+ =	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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